Print Form Reset Form



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification	(Note: 1)	Report Filed E	By Candida	The second second	Committee		Lobbyist
Number		(Mark X)	, , , , , , ,	X			
Name of Filing Committee, Lobbyist	, Candidate or		NANO	Y AG	OSTI	NE	
Street Address		82	1.	1	OAD		
City	E	RIE	State	PA	Zip Code	1650	9
Type of Report (Place x unc	der report type)						
1-6th Tuesday 2- 2nd Frid	day 3- 30 Day Post	4- 6th Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Prima		Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report	
Summary of Receipts and	From Date	To Dat	e		For	Office Use Only	
Expenditures	10-23-1		27-17				
A. Amount Brought Forwa	rd From Last Report	\$ 70	62.42				
B. Total Monetary Contrib (From Schedule I)	utions and Receipts	100	00.00			45	2017
C. Total Funds Available		\$ 17	62.42			<u> </u>	
(Sum of Lines A and B)			Q x . / a			99	EC
D. Total Expenditures (From Schedule III)		\$ 9	00.01			<u> </u>	
E. Ending Cash Balance		\$	20011	1		55	1
(Subtract Line D from Line	C)	18	62.41	l		끄플	¬ ງ
F. Value of In-Kind Contrib		\$	0	I		35	3
(From Schedule II)				l			12. 0 M
G. Unpaid Debts and Oblig	gations	\$ 7	74.00			5	9 74
(From Schedule IV)		1		ction		4.4	w .
Part 1- If this is a Committee r	renort, treasurer sign h	ere. If this is a Ca	Affidavit Se				
I swear (or affirm) that this re	port, including the atta	sched schedules o	n paper, is to the	best of my knowled	dge and belief	true, correct and compl	ete.
Sworn to and subscribed befo	re me this		38 B S	///		1 -/	
7TH day of DECE		٠,	4	/ lan	1/1	gost.)
		-	<u> </u>	Signature	of Person Sul	mitting report	16
Mulli New	1	_ r	_	_ /UHAD G	4 //	1605/12	_
Signature	0 11 1			2111/	Printed Nar	ne L	_ ¬
My Commission expires	1 16 20	18	<u>.</u>	0191	(190-11	25
MC	D. DAY YR.			Area Code	Da	ytime Telephone Numb	per
Part II- If the MANAGE WEALTH AND	DENNERIVANIA	Committee can	didate shall sign b	nere.			
I swear (or affirm) the TARIAS	SEA of my knowledge	and belief this po	olitical committee	has not violated an	y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
amended. MICHELLE NES	SSELHAUF				W 52		
Notary Po Sworn to an SUMMITDEW Refer My Commission Expli	RIE (GOUNTY						
day ol	20	<u>.</u> . 1	_				
1.3		Į,		Sig	nature of Cano	lidate	
Signature		1			Printed Name	2	
My Commission expires	DAV VC	_	-	Area Code	Day	ytime Telephone Numb	er.
мо	. DAY YR.			Alea Code	Ua	yaine reiephone Nambi	-12

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1) \$	\bigcirc
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	500.00
Total for the reporting period (2) \$	500.00 500,00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	500,00
Total for the reporting period (3) \$	500,00 500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4) \$	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	t \$	1000.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

					Amount
				Data (BARA Inn honor	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	entributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Full Name of Co	ontributor		1		Date [MM/DD/YYYY]	\$	
	Vos	HUA	M. PORRE.	CO	10-30-17		250.00
House #	Street Address	~ .	50 82 (SHESSO)	-000	Date [MM/DD/YYYY]	\$	
40	Street Address ERIE	1-0551L	WOOD CT				
City	EPIE	State	A Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of G	_/\ / /_	/	//	0100	Date [MM/DD/YYYY]	\$	
Full Name of Co	TA	. ,	11 0	8 888 8 <u>92</u> 81		>	200
	V 145	ON /	Y. PORRE	.CO	10-30-17		250.00
House # 43	86	STON	ECREEK	DR	Date [MM/DD/YYYY]	\$	
City	ERIE	State			Date [MM/DD/YYYY]	\$	
	ERIE		4	165d6			
Full Name of Co	ontributor			83	Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	ALTERNATION OF THE SECOND	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$	
Tull Number of Co	,				2010 ()		
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
City		State	zip educ		Date [mm/DD/1111]	-	
Full Name of Co	ontributor	2020400			Date [MM/DD/YYYY]	\$	
					•		
House #	Street Address				Date [MM/DD/YYYY]	\$	
nouse #	Street Audress				Date [WWW/DD/1111]	1	
C'A			71- 6-4-		Date [BABA /DD /WWW]		
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			STATE SHOWS SHOW	Date [MM/DD/YYYY]	\$	
						•	
House #	Street Address				Date [MM/DD/YYYY]	\$	
	Juleat Address						
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
City		Jule	zip code		Date [mm/DD/1111]	Ť	
CONTRACTOR STATE		HE PARKS THE RESERVE AND THE REAL PROPERTY.	A STATE OF THE PARTY OF THE PAR		1	11000-01	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	SS		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	_ \$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

60			Date [MM/DD/YYYY]	\$
C/1.7.	EGORY 4	LISA RUBIN	D 11/3/2017	1277
ouse # Street Address	E1:712	LISA RUBIA ETH LANE	Date [MM/DD/YYYY]	\$
520 ERIE	State	14 Zip Code 16.	Date [MM/DD/YYYY]	\$
	/	17 /6.	>06	
mployer Name			Occupation	
mployer Mailing Address / rincipal Place of Business				
ull Name of Contributor			Date [MM/DD/YYYY]	\$
ouse # Street Address	•		Date [MM/DD/YYYY]	\$
ity	State	Zip Code	Date [MM/DD/YYYY]	\$
mployer Name			Occupation	
mployer Mailing Address /				
rincipal Place of Business				
all Name of Contributor			Date [MM/DD/YYYY]	\$
ouse # Street Address			Date [MM/DD/YYYY]	\$
ty	State	Zip Code	Date [MM/DD/YYYY]	\$
nployer Name			Occupation	100
mployer Mailing Address / rincipal Place of Business				
Ill Name of Contributor			Date [MM/DD/YYYY]	\$
ouse # Street Address			Date [MM/DD/YYYY]	\$
ty	State	Zip Code	Date [MM/DD/YYYY]	\$
nployer Name			Occupation	
mployer Mailing Address /				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification	Number:			
E-AUNIE A	E-Average a			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion	199409000000	- Control of the Cont	1
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion		and the second	, and the second
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			188
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion		TOTAL SECOND	Freed
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion	THE PERSON NAMED IN	OLEGNOSISTE CO.	1200
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion	100000000000000000000000000000000000000		. Const

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	1 PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING	T\$ 1
PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	

SCHEDULE II **PART F**

In-Kind Contributions Received

			VALUE OF \$50.01 TO	\$250		
Filer Identification	Number:					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of C	ontribution					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of C	ontribution					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of C	contribution	2002-2003	hazara (Marajara)			<u></u>
Full Name of Co	ntributor		-	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of C	Contribution				NEE!	<u> </u>
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of C	Contribution					

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identificatio	n Number:				70
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Nam	e			Occupation	
	ng Address / Principal			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Nam	e			Occupation	,
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	_ \$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Nam	e			Occupation	
Employer Maili Place of Busine	ing Address / Principal iss			Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Nam	e			Occupation	
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	

Statement of Expenditures

entification Number:	entification Number:	Identification Number:			Anna personal del constitución de la constitución d	ON THE PARTY OF THE PARTY OF THE PARTY.
Hullation (author)	entification Number.	identification (dumber,	antification Number			
			entilication Number.			

					and the state of t
To Whom Paid	An	1-1/11/2	T. 1	ACE ARDWARE	Date [MM/DD/YYYY] \$
	19.70	10191101	INC/14		11/06/2017 14.60
House # 2556	Street Address	McKiNU.	EY AVE	F. 10005	PAINT FOR SIGN BASE
City	ERIE	State P	A Zip Code	16514	
To Whom Paid					Date [MM/DD/YYYY] \$
	PRINT	ING (DNCEPT	5	11/02/2017 409.63
House # 499	Z Street Address	PACIFIC		•	Description of Expenditure POSTAGE FOR MAILER
City	ERIE	State P	A Zip Code	16506	
To Whom Paid	1.				Date [MM/DD/YYYY] \$
	LOW	155			11/04/2017 0>.49
House # 1930	Street Address	KEYSTON		₹.	Description of Expenditure WOOD FOR SIGN BASE
City	ERIE	State	Zip Code	16509	
To Whom Paid	nai				Date [MM/DD/YYYY] \$ 700 311
	PRINTIN	16 CON	CEPTS	•	10/31/2017 200,34
House # 498	Street Address	PACIF,	~ All	C	Description of Expenditure
City	7	State 1	1 Zip		NOOR TO NOOK TIMORIOUT
	ERIE	/ //	Code	16509	
To Whom Paid	NA DOGA	1 NESSE	CHAIF		Date [MM/DD/YYYY] \$ 250,00
House # 825	CALLAND Address	HAMOT	ROAN		Description of Expenditure . NEIMBURSE FOR SIGN PROGRAM
City	T ~	State 1	/ Zip		KEMPURE TOR SON TRUGSTIN
	ERIFE	10/	Code	16509	(#125,00 X 2)
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City	1402 SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	State	Zip Code		
To Whom Paid		and the second	NACO PROPERTY.		Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City		State	Zip		
city		Juste	Code		
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City		State	Zip		
			Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

PATAITIN	IG CONCEP	75	Outstanding Balance of Debt
Street Address ACII	FIC AVE.	DATE DEBT INCURRED [MM/DD/YYYY]	\$ 774.00
ERI	£ State	A Code 1650	6
bt	MAILER		
	11111111		Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	State	Zip Code	
bt	Page 1	I processory post-const	
			Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	State	Zip Code	
bt	SEA CONTRACTOR OF THE PROPERTY	100000000000000000000000000000000000000	Total Str.
•			Outstanding Balance of Deb
Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	State	Zip Code	
bt	10000000		
			Outstanding Balance of Deb
Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	State	Zip Code	
ebt		•	
Name of Creditor			Outstanding Balance of Deb
Street Address		DATE DEBT INCURRE [MM/DD/YYYY]	\$
	F		
	Street Address Street Address Street Address Street Address Street Address	Street Address	Street Address DATE DEBT INCURRED IMM/DD/YYYY